

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000093503

**FILED**  
**Sep 30, 2013**  
**Secretary of State**

**Entity Name:** CERBERUS LIFE MANAGEMENT, LLC

**Current Principal Place of Business:**

715 N WASHINGTON BLVD  
E  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

715 N WASHINGTON BLVD  
E  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 27-1009170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHIFFMAN, ROBERT A  
4608 SAWYER RD  
SARASOTA, FL 34233 US

**Name and Address of New Registered Agent:**

SCHIFFMAN, ROBERT A  
1637 OAK ST.  
24  
SARASOTA, FL 34236 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** ROBERT ADAM SCHIFFMAN

09/30/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SCHIFFMAN, ROBERT A  
**Address:** 1637 OAK ST. APT 24  
**City-St-Zip:** SARASOTA, FL 34233

**Title:** MGRM  
**Name:** FORESTIER, DAVID  
**Address:** 4001 BENEVA RD. UNIT 333  
**City-St-Zip:** SARASOTA, FL 34233

**Title:** MGRM  
**Name:** DOWNING, PETER  
**Address:** 625 S GRIFFITH PARK DR  
**City-St-Zip:** BURBANK, CA 91506

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** ROBERT ADAM SCHIFFMAN

MGRM

09/30/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date